



Physician Authorization Form

Parents/guardians asking school staff to give medications other than Tylenol or Ibuprofen to their child must provide (written) permission every school year. This form is to be signed by both parent/guardian and child's health care provider.

Student: _____ Birth Date: _____ Grade & Year: _____

Physician/licensed prescriber's orders for administration of medication by school personnel:

Medical Condition	Medication	Dose	Time	Route
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____

Medication ALLERGIES:

Signature of Physician/Licensed Prescriber PRINTED name of Physician/LP Date

Clinic Address Phone Fax

Parent/Guardian Authorization

- 1) I request that the above medications) be given during school hours and /or in aftercare as ordered by my child's Physician/Licensed Prescriber.
- 2) All medications sent to school will be in an appropriately labeled pharmacy container or an original labeled container.
- 3) I also request that the medication(s) be given on field trips; as prescribed, by a teacher or other responsible adult.
- 4) I will notify the school of any change in the medication(s).
- 5) I give permission for the medication(s) to be given by trained school personnel.
- 6) I give permission for the school health office to communicate, as needed, with school staff about my child's medical condition(s) and the action of the medication(s).
- 7) I give permission for the physician/licensed prescriber to release information related to the above medication(s) and medical condition(s) to the school health office.
- 8) Legally, you may refuse to sign for the medication administration. If you refused to sign, we will not be able to administer the medication during school or aftercare.
- 9) This consent may be revoked at any time, by sending a written notice to the school health office. Please make sure a signature and current date are included on the written notice.

Parent/Guardian Signature Date Relationship to Student